• N (1)								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 10/060443												3
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL!	ENTITY	Οĥ	OTHER SMALL	
TOTAL CLAIMS			186					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		MUMBER EXTRA			BASIC FE	₹ 385.00	OR	Basic Fee	770.00
TOTAL CHARGEABLE CLAIMS			/8 Ominus 20=		. 166			XS 9=		OR	X\$18=	2988
INDEPENDENT CLAIMS			9 minus 3 =		6			X43•	1	OR	X86×	586
ML	JLTIPLE DEPEN	IDENT CLAIM P	RESENT					, 145e		OR		-
- 11	the difference	in column 1 is	ess than zero, enter "O" in column 2				TOTAL	 	OR		4274	
OCCLAIMS AS AMENDED - PART II								, .]	OTHER	
O	(Column 1) (Column 2) (Column 3)								ENTITY	OR	SMALL	
AMENDMENT A	•	CLAIMS REMAINING AFTER AMENDMENT		HIĞH NUMI PREVIC PAID	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	. 34	Minus	-18	10	.00		XS 9=		OR	XS18=	
FEE	Independent	. 1	Minus	٠ ٢	2	0		X43=	1	ОЯ	X86=	
<u> </u>		NTATION OF MI						+145=		OR	+290=	
417, 35,55, 77,113,133,158,172,								YOTA			TOYAL	
(Column 1) (Column 2) (Column 3)									: L	JOR	ADDIT. FEE	
_	71.	(Column 1) CLAIMS	-	HUGH	EST	(Column 3)	ו ו		ADDI-	•		ADØ
AMENDMENT B	1/2/01	REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT		RATE	TIONAL FEE		AATE	TIONAL
	Total	. 34	Minus	- /8	4	.47		XS 9=		OR	X\$18=	
AME	Incependent	NTATION OF MI	Minus	(7	100		X43+		OR	X86=	
	PIRST PRESE	NIATION OF INC	LTIPLE DEF	ENDEN	COUM		ן י	+1450		OR	/290=	
,								TOTAL		OR	TOTAL ADOIT, FEE	
/	-30-07	(Column 1)		(Colum	n 2)	(Column 3)	. •			•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMB PREVIO PAID F	EST PER USUY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATĘ	ADDI- TIONAL FEE
	Total	. 35	Minus	*				X\$ 9=		OR	X\$18=	
	Independent	• 2	Minus				 	X43=			X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the entry in column 2, write 10 in column 3.												
"If the Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20." ADDIT. FEE OB ADDIT. FEE OB ADDIT. FEE												<u> </u>
		ber Previously Paid					tour	ed in the ap	propriete box	in cot	umn 1.	

FORM PTO-875 (Rev 1003) -